

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street)

15305 Dallas Parkway, Suite 1600

☐Check if different
than previously
reported. (ACC)

Addison

TX

75001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00402073

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J. Anthony Martin

Signature of Treasurer

Electronically Filed by J. Anthony Martin

Date

07

14

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 9

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		108191.97
(b) Cash on Hand at Beginning of Reporting Period	98478.30	
(c) Total Receipts (from Line 19)	558.38	40229.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99036.68	148421.60
7. Total Disbursements (from Line 31)	2524.68	51909.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96512.00	96512.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 9

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	558.38	38770.56
(ii) Unitemized	0.00	1459.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	558.38	40229.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	558.38	40229.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	558.38	40229.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	558.38	40229.63

DETAILED SUMMARY PAGE

of Disbursements

4 / 9

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	24.68	409.60	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	24.68	409.60	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	40500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	11000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2524.68	51909.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2524.68	51909.60	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 9

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	558.38	40229.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	558.38	40229.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24.68	409.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24.68	409.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 9

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas Barlow

Mailing Address 17080 Red Oak Drive

City

Houston

State

TX

Zip Code

77090-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.19

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: A07FC5B35E1A7454F8B7

Amount of Each Receipt this Period

20.67

B.

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 606 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: AAE05AD2551E94859971

Amount of Each Receipt this Period

25.84

C.

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 17270 Red Oak Dr., Ste. 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tops

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2467.62

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: A29AA8C838DAF4CD0B72

Amount of Each Receipt this Period

253.52

SUBTOTAL of Receipts This Page (optional)

300.03

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tops

Occupation

Medical Doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

502.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	0

Transaction ID: AE29BA35BBF1E4780868

Amount of Each Receipt this Period

103.34

B.

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St

City

Houston

State

TX

Zip Code

77056-6221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tops

Occupation

Medical Doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

502.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	0

Transaction ID: AB45E938802F74201918

Amount of Each Receipt this Period

51.67

C.

Full Name (Last, First, Middle Initial)

David Zarin

Mailing Address 17070 Red Oak Dr Suite 205

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Surgical Partners
International

Occupation

Senior VP

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1005.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	0

Transaction ID: A1885A52B09444476B14

Amount of Each Receipt this Period

103.34

SUBTOTAL of Receipts This Page (optional)

258.35

TOTAL This Period (last page this line number only)

558.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address Bank of America, N.A.

City
DallasState
TXZip Code
75283-0001Purpose of Disbursement
Bank fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B90E2AB3491B74A10B28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

24.68

SUBTOTAL of Disbursements This Page (optional)

24.68

TOTAL This Period (last page this line number only)

24.68

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) David Scott for Congress	Transaction ID: BC34D0CA9A5AB49D5B23 Date of Disbursement
Mailing Address P.O. BOX 960821	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div>
City Riverdale State GA Zip Code 30296	Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution	<div>1000.00</div>
Candidate Name Rep. David A. Scott	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hartline for Congress 2010	Transaction ID: BA1DE907B90ED4190AE6 Date of Disbursement
Mailing Address 1107 Brenlan Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 0</div> </div>
City Mt. Juliet State TN Zip Code 37122	Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution	<div>500.00</div>
Candidate Name Mr. Jeff Hartline	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: BF977F60CE677497BA67 Date of Disbursement
Mailing Address PO Box 3176	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution	<div>1000.00</div>
Candidate Name Rep. Frank Pallone, Jr.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00